PART B - FEE(S) TRANSMITTAL

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TEKTRONIX, IN 14150 S.W. KARL P.O. BOX 500 (50- BEAVERTON, OR 03/15/2005 WASFAW2 00	BRAUN DRIVE LAW) 8 97077-0001				I hereby certify that the States Postal Service vaddressed to the Mail	tificate of Mailing or Tran is Fee(s) Transmittal is bein vith sufficient postage for fi Stop ISSUE FEE address TO (703) 746-4000, on the	ig deposited with the Un est class mail in an envel a above, or being facsim
01 FC:1501 1400.0 02 FC:1504 300.0		7.			Pauline March 11,	J. Brush	Coy (Signat (D
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		D INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/072,724	02/05/2002	Antonio Bovo				7248 US	1970
TITLE OF INVENTION: MULTI-PROTOCOL CALL TRACE ON GPRS GB-GR							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PL	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400			. \$300	\$1700	03/14/2005
EXAMINER AI		ART UN	NIT CLASS-SUBCLASS		LASS-SUBCLASS		
PEREZ, JULIO R		2681	2681		455-419000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. [TIME BATERIT (print or type)]				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed							
recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Tektronix International Sales GmbH Schaffhausen, Switzerland							
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the p	atent):	☐ Individual ☎ Co	orporation or other private gr	oup entity Governm
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							
Issue Fee A check in the amount of the fee(s) is enclosed.							
Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.							
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